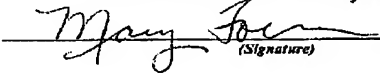


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 125974 (GEM-0053)	
Applicant(s): Darin R. Okerlund, et al.				
Application No. 10/065,595	Filing Date November 1, 2002	Examiner S. Shaw	Group Art Unit 3737	
Invention: METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING				
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I hereby certify that this <u>Response to Restriction Requirement with Preliminary Amendment (12 pgs)</u> <small>(Identify type of correspondence)</small>				
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Appln. No. 10/065,595
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Appln. No.:	10/065,595	:	Confirmation No.:	NYA
Applicant:	Darin R. Okerlund et al.	:	Group Art Unit:	3737
Filed:	November 1, 2002	:	Examiner:	S. Shaw
Docket No.:	125974/GEM-0053	:		

**For: METHOD AND APPARATUS FOR MEDICAL INTERVENTION
PROCEDURE PLANNING**

November 18, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

**RESPONSE TO RESTRICTION REQUIREMENT WITH
PRELIMINARY AMENDMENT**

Sir:

This is in response to a telephone conversation between Examiner Shaw and Applicant's Attorney on November 17, 2004, regarding a restriction requirement for the above-identified application, wherein Applicant elects Group-3, directed to Claims 16-30, with traverse, and herein provides a Preliminary Amendment with a request for the entry thereof prior to the examination of the above-identified application.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

CERTIFICATE OF MAILING OR TRANSMISSION

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Mary Forcier
Name

Mary Forcier
Signature

November 18, 2004
Date